

<i>SERFF Tracking Number:</i>	<i>AEGA-128339223</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>VA-APP 07/12 (B)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>VA-APP 07/12 (B)</i>		
<i>Project Name/Number:</i>	<i>Variable Annuity Application/VA-APP 07/12 (B)</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: VA-APP 07/12 (B)	SERFF Tr Num: AEGA-128339223	State: Arkansas
TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable	SERFF Status: Closed-Approved-Closed	State Tr Num:
Sub-TOI: A02.11.002 Flexible Premium	Co Tr Num: VA-APP 07/12 (B)	State Status: Approved-Closed
Filing Type: Form	Author: Laurie Bascom	Reviewer(s): Linda Bird
	Date Submitted: 05/08/2012	Disposition Date: 05/11/2012
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Variable Annuity Application	Status of Filing in Domicile: Pending
Project Number: VA-APP 07/12 (B)	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 05/11/2012
	State Status Changed: 05/11/2012
Deemer Date:	Created By: Laurie Bascom
Submitted By: Laurie Bascom	Corresponding Filing Tracking Number:
Filing Description:	
Life and Health Division	
Arkansas Insurance Department	
1200 West Third Street	
Little Rock, AR 72201	

Re: Transamerica Life Insurance Company
 NAIC # 468 - 86231
 SERFF Tracking #: AEGA-128339223
 VA-APP 07/12 (B) – Variable Annuity Application

SERFF Tracking Number: AEGA-128339223 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number:
Company Tracking Number: VA-APP 07/12 (B)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: VA-APP 07/12 (B)
Project Name/Number: Variable Annuity Application/VA-APP 07/12 (B)

Dear Sir or Madam:

Please find enclosed the above referenced application for your review and approval. This is a new form and is not intended to replace any form previously approved by your Department. This form is intended for use with our Variable Annuity portfolio approved by your Department.

We have enclosed a Statement of Variability that outlines the items that are bracketed. Please note that due to the variability of the language on this application the pagination may vary based on what is included in this application.

This application is used with variable annuities which are SEC registered products. Therefore, a Flesch Readability Certification has not been enclosed as a flesch reading ease score is not required.

Please note the paper and font of the attached application may change in the future. You have our assurances the form will contain the same language as approved by your Department. This form will be printed and be made part of any policy issued.

We would appreciate your review and subsequent approval of the attached form.

Sincerely,

Transamerica Life Insurance Company

Laurie Bascom
Filing Analyst II
TCM Regulatory Filing Dept.
Phone: 319-355-6813
Fax: 319-355-6820
Email: laurie.bascom@transamerica.com

P.S. This application was approved by Iowa, our Home State on _____, or is concurrently submitted.

State Narrative:

<i>SERFF Tracking Number:</i>	<i>AEGA-128339223</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>VA-APP 07/12 (B)</i>		
<i>TOI:</i>	<i>A02.II Individual Annuities- Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.II.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>VA-APP 07/12 (B)</i>		
<i>Project Name/Number:</i>	<i>Variable Annuity Application/VA-APP 07/12 (B)</i>		

Company and Contact

Filing Contact Information

Laurie Bascom, Forms Filing Analyst II	lbascom@aegonusa.com
4333 Edgewood Road, NE	319-355-6813 [Phone]
Cedar Rapids, IA 52499	319-355-6820 [FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
4333 Edgewood Road, NE	Group Code: 468	Company Type:
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 355-8511 ext. [Phone]	FEIN Number: 39-0989781	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form X \$50/form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	05/08/2012	59023502

SERFF Tracking Number:	AEGA-128339223	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	
Company Tracking Number:	VA-APP 07/12 (B)		
TOI:	A02.11 Individual Annuities- Deferred Non- Variable and Variable	Sub-TOI:	A02.11.002 Flexible Premium
Product Name:	VA-APP 07/12 (B)		
Project Name/Number:	Variable Annuity Application/VA-APP 07/12 (B)		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/11/2012	05/11/2012

<i>SERFF Tracking Number:</i>	<i>AEGA-128339223</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>VA-APP 07/12 (B)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>VA-APP 07/12 (B)</i>		
<i>Project Name/Number:</i>	<i>Variable Annuity Application/VA-APP 07/12 (B)</i>		

Disposition

Disposition Date: 05/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AEGA-128339223</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>VA-APP 07/12 (B)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>VA-APP 07/12 (B)</i>		
<i>Project Name/Number:</i>	<i>Variable Annuity Application/VA-APP 07/12 (B)</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Variable Annuity Application		Yes

SERFF Tracking Number: AEGA-128339223 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number:

Company Tracking Number: VA-APP 07/12 (B)

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable

Product Name: VA-APP 07/12 (B)

Project Name/Number: Variable Annuity Application/VA-APP 07/12 (B)

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VA-APP 07/12 (B)	Application/Variable Annuity Enrollment Application Form	Initial			VA-APP 0712 (B) - Brackets.pdf



Home Office: Cedar Rapids, IA

Individual Variable Deferred Annuity Application

☒ Transamerica Life Insurance Company
4333 Edgewood Road NE, Cedar Rapids, IA 52499
(800) 525-6205
☐ www.transamericaannuities.com

BENEFITS ARE ON A VARIABLE BASIS AND MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

1. PRODUCT INFORMATION

Product (select only one option): ☐ Advisor EliteSM ☐ AxiomSM ☐ ExtraSM ☐ FreedomSM ☐ LandmarkSM ML
☐ Huntington LandmarkSM ☐ LandmarkSM ☐ LibertySM ☐ PrincipiumSM II

2. PRIMARY OWNER INFORMATION

Type of Owner: ⁽¹⁾ _____
Complete Legal Name: _____
Residential Address: ⁽²⁾ _____ City, State, Zip: _____
Mailing Address: _____ City, State, Zip: _____
SSN/TIN: ⁽³⁾ _____ Date of Birth: _____ Telephone: _____
Gender: _____
Citizenship: ☐ U.S. Citizen
☐ Non-U.S. Citizen (Country of Citizenship: _____) ☐ Resident Alien ☐ Non-Resident Alien

3. JOINT OWNER INFORMATION

If no Joint Owner is listed, Transamerica Life Insurance Company will issue the policy with the Owner listed in Section 2.

Relationship to Owner: ⁽¹⁾ _____
Complete Legal Name: _____
Residential Address: ⁽²⁾ _____ City, State, Zip: _____
Mailing Address: _____ City, State, Zip: _____
SSN/TIN: ⁽³⁾ _____ Date of Birth: _____ Telephone: _____
Gender: _____
Citizenship: ☐ U.S. Citizen
☐ Non-U.S. Citizen (Country of Citizenship: _____) ☐ Resident Alien ☐ Non-Resident Alien

⁽¹⁾ If Type of Owner in Section 2 is Individual; there must be an immediate (spouse, domestic partner, parent, child, grandparent, grandchild or sibling) familial relationship between the Primary Owner, the Joint Owner (if applicable) and the Annuitant.

⁽²⁾ The Residential Address must be completed and cannot be a P.O. Box.

⁽³⁾ Social Security Number (SSN)/Tax Identification Number (TIN)

4. ANNUITANT INFORMATION

If no Annuitant is listed, Transamerica Life Insurance Company will issue the policy with the Primary Owner and Annuitant as the same.

Relationship to Owner: ⁽¹⁾ _____

Complete Legal Name: _____

Residential Address: ⁽²⁾ _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Gender: _____

Citizenship: ☐ U.S. Citizen

☐ Non-U.S.Citizen (Country of Citizenship: _____) ☐ Resident Alien ☐ Non-Resident Alien

5. BENEFICIARY DESIGNATION (If there are more than 3 beneficiaries, attach an Additional Beneficiary Form.)

The percentages assigned must be whole percentages and total 100% for each beneficiary type (primary and/or contingent). If the percentages do not total 100%, we will consider this designation incomplete until sufficient beneficiary information is received. If a designation is incomplete or there are no surviving beneficiaries at the time a claim is processed, proceeds will be payable per the terms of the policy.

☐ Primary Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? _____ Is this a Restricted Beneficiary? ⁽³⁾ _____

Complete Legal Name: _____

Relationship to Annuitant: _____ Gender: ⁽⁴⁾ _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Citizenship: ☐ U.S. Citizen

☐ Non-U.S.Citizen (Country of Citizenship: _____) ☐ Resident Alien ☐ Non-Resident Alien

☐ Primary ☐ Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? _____ Is this a Restricted Beneficiary? ⁽³⁾ _____

Complete Legal Name: _____

Relationship to Annuitant: _____ Gender: ⁽⁴⁾ _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Citizenship: ☐ U.S. Citizen

☐ Non-U.S.Citizen (Country of Citizenship: _____) ☐ Resident Alien ☐ Non-Resident Alien

⁽¹⁾ If Type of Owner in Section 2 is Individual; there must be an immediate (spouse, domestic partner, parent, child, grandparent, grandchild or sibling) familial relationship between the Primary Owner, the Joint Owner (if applicable) and the Annuitant.

⁽²⁾ The Residential Address must be completed and cannot be a P.O. Box.

⁽³⁾ The Beneficiary will not be restricted until the Beneficiary Designation with Restricted Payout Form is received.

⁽⁴⁾ Submit the Entity Certification or Trustee Certification Form if an Entity or Trust is named as Beneficiary.

5. BENEFICIARY DESIGNATION (continued)

☐ Primary ☐ Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? _____ Is this a Restricted Beneficiary? ⁽¹⁾ _____

Complete Legal Name: _____

Relationship to Annuitant: _____ Gender: ⁽²⁾ _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Citizenship: ☐ U.S. Citizen

☐ Non-U.S. Citizen (Country of Citizenship: _____) ☐ Resident Alien ☐ Non-Resident Alien

6. PURCHASE PAYMENT INFORMATION

Type of Annuity Applying for: ⁽³⁾⁽⁴⁾ _____

Funding Option(s): _____

Source of Funds:

☐ New Money / Contribution Money \$ _____ if Qualified Plan - Tax Year: _____

☐ Non-qualified 1035 Exchange - Anticipated Premium Amount \$ _____

If Transamerica Life Insurance Company is to request funds, the IRC Section 1035 Exchange Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

☐ CD/Mutual Fund Redemption - Anticipated Premium Amount \$ _____

If Transamerica Life Insurance Company is to request funds, the Mutual Fund/CD Redemption Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

☐ Direct Transfer - Anticipated Premium Amount \$ _____

If Transamerica Life Insurance Company is to request funds, the Qualified Funds Direct Rollover or Transfer Request Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

☐ Rollover - Anticipated Premium Amount \$ _____

If Transamerica Life Insurance Company is to request funds, the Qualified Funds Direct Rollover or Transfer Request Form is **required**.

⁽¹⁾ The Beneficiary will not be restricted until the Beneficiary Designation with Restricted Payout Form is received.

⁽²⁾ Submit the Entity Certification or Trustee Certification Form if an Entity or Trust is named as Beneficiary.

⁽³⁾ Include the deceased information in the Owner Information section.

⁽⁴⁾ The Qualified Plan Purchase Certification and Acknowledgement and Plan Investment and Services Agreement is required if applying for a Qualified Plan.

7A. ELECTIONS - GUARANTEED MINIMUM DEATH BENEFITS

You must select only one Guaranteed Minimum Death Benefit. Your selection cannot be changed after the policy has been issued.

Elections below may not be available in all states or with all products. Issue ages may differ between states and products.

- ☐ Policy Value Death Benefit
- ☐ Return of Premium Death Benefit
- ☐ Annual Step-Up Death Benefit

7B. ELECTIONS - ADDITIONAL DEATH BENEFIT RIDER(S)

You can select only one Additional Death Benefit.

Elections below may not be available in all states or with all products. Issue ages may differ between states and products.

- ☐ Additional Death Distribution + SM (Plus)
- ☐ Additional Death Distribution SM

7C. ELECTIONS - LIVING/WITHDRAWAL BENEFIT RIDER(S)

You can select only one Living/Withdrawal Benefit.

Elections below may not be available in all states or with all products. Issue ages may differ between states and products.

♦ **Retirement Income Choice® (RIC) Rider**

Election - To elect this rider, select either the Single option or the Joint option.

- ☐ Single
- ☐ Joint - Joint Owner in Section 3 or Sole Primary Beneficiary in Section 5 must be the Owner's spouse, civil union or domestic partner.

RIC Investment Strategy Options - To elect this rider, either the Designated or Open Allocation option must be selected.

- ☐ Designated Allocation - Investment Allocation in Section 8C must be within Designated Groups A, B or C investment options only.
- ☐ Open Allocation - Investment Allocation in Section 8C can be allocated among any investment options.

RIC Rider Options - More than one option may be selected.

- ☐ Income Enhancement SM
- ☐ Death Benefit

♦ **Retirement Income Builder SM Rider** - Investment Allocation in Section 8C must be within Designated Group B or C investment options only.

Election - To elect this rider, select either the Single option or the Joint option.

- ☐ Single
- ☐ Joint - Joint Owner in Section 3 or Sole Primary Beneficiary in Section 5 must be the Owner's spouse, civil union or domestic partner.

♦ **Retirement Income Max SM Rider** - Investment Allocation in Section 8C must be within Designated Group C or indicated Designated Group B investment options.

Election - To elect this rider, select either the Single option or the Joint option.

- ☐ Single
- ☐ Joint - Joint Owner in Section 3 or Sole Primary Beneficiary in Section 5 must be the Owner's spouse, civil union or domestic partner.

7C. ELECTIONS - LIVING/WITHDRAWAL BENEFIT RIDER(S) (continued)

You can select only one Living/Withdrawal Benefit.

Elections below may not be available in all states or with all products. Issue ages may differ between states and products.

- ♦ **Income Link® Rider** - Investment Allocation in Section 8C must be Designated Group C investment options.

Election - To elect this rider, select either the Single option or the Joint option.

☐ Single

☐ Joint - Joint Owner in Section 3 or Sole Primary Beneficiary in Section 5 must be the Owner's spouse, civil union or domestic partner.

- ♦ **Guaranteed Principal SolutionSM (GPS) Rider** - Investment Allocation in Section 8C can be allocated among any investment options.

☐ GPSSM Rider

7D. ELECTIONS - OTHER AVAILABLE RIDER(S)

Elections below may not be available in all states or with all products. Issue ages may differ between states and products.

☐ Liquidity Rider - Only available with LandmarkSM

☐ Access Rider

There are no additional riders available at this time.

8A. INVESTMENT SELECTION - DOLLAR COST AVERAGING (DCA) PROGRAM

If immediately investing all funds proceed to Section 8B. If any funds are to be allocated in the DCA complete this section.

Transfer from:

☐ DCA Fixed Account (state maximum caps may apply)

☐ TA AEGON Money Market

☐ TA AEGON U.S. Government Securities

Frequency and Number of Transfers:

There is a minimum of \$500 for each DCA Transfer.

Monthly: ☐ 6 ☐ 10 ☐ 12 ☐ 24 ☐ Other: _____ (minimum 6 months/maximum 24 months)

Quarterly: ☐ 4 ☐ 8

For Massachusetts applicants ONLY - The DCA frequency cannot exceed twelve (12) months or four (4) quarters.

For Washington applicants ONLY - If the TA AEGON Money Market or the TA AEGON U.S. Government Securities is selected, the DCA frequency cannot exceed twelve (12) months or four (4) quarters. If the DCA Fixed Account is selected, six (6) monthly transfers must be chosen. If the Retirement Income Choice®, the Retirement Income BuilderSM Rider, the Retirement Income MaxSM Rider or the Income Link® Rider in Section 7C is selected, the DCA Fixed Account is not available.

8B. INVESTMENT SELECTION - ASSET REBALANCING PROGRAM

Rebalancing will not begin until completion of DCA Program, if applicable. Money invested in the Fixed Account is not included. More than one investment option must be allocated to participate in this program. If you would like to rebalance to a mix other than indicated in Section 8C, please complete the Optional Services Form.

I elect Asset Rebalancing: _____

Rebalance the variable investment options according to my allocations in Section 8C using the frequency indicated below:

8C. INVESTMENT SELECTION - INVESTMENT ALLOCATIONS

For all options listed in this Section, the Initial Allocation Percentage column (Initial %) and DCA (if applicable) Allocation Percentage column (DCA %) must each total 100%. All allocations must be entered in whole percentages.

	Initial % (Required)	DCA % (Optional)		Initial % (Required)	DCA % (Optional)
--	-------------------------	---------------------	--	-------------------------	---------------------

Initial Investment for DCA _____ .0%

Designated Group A - Allocations within this group are NOT permitted if either the Retirement Income BuilderSM Rider, the Retirement Income MaxSM Rider or the Income Link® Rider is elected in Section 7C.

TA AEGON Tactical Vanguard ETF - Growth (782)	_____ .0%	_____ .0%	TA Asset Allocation - Moderate Growth (803)	_____ .0%	_____ .0%
TA International Moderate Growth (855)	_____ .0%	_____ .0%	TA Janus Balanced (773)	_____ .0%	_____ .0%
TA Legg Mason Dynamic Allocation - Growth (767)	_____ .0%	_____ .0%	TA Vanguard ETF Index - Growth (857)	_____ .0%	_____ .0%

Designated Group B - Allocations within this group are NOT permitted if the Income Link® Rider is elected in Section 7C. Allocations within this group are NOT permitted if the Retirement Income MaxSM Rider is elected in Section 7C, unless you select subaccount(s) marked with an asterisk (*).

TA AEGON Tactical Vanguard ETF - Balanced (783) *	_____ .0%	_____ .0%	TA Asset Allocation - Moderate (802) *	_____ .0%	_____ .0%
TA BlackRock Tactical Allocation (799)	_____ .0%	_____ .0%	TA Legg Mason Dynamic Allocation - Balanced (766) *	_____ .0%	_____ .0%
TA Vanguard ETF Index - Balanced (856) *	_____ .0%	_____ .0%			

Designated Group C - If you elected the Retirement Income MaxSM Rider in Section 7C, you may NOT select subaccount(s) marked with an asterisk (*).

1 Year Fixed Guaranteed Period ⁽¹⁾ (101)	_____ .0%	_____ .0%	3 Year Fixed Guaranteed Period ⁽¹⁾ (103)	_____ .0%	_____ .0%
5 Year Fixed Guaranteed Period ⁽¹⁾ (105)	_____ .0%	_____ .0%	7 Year Fixed Guaranteed Period ⁽¹⁾ (107)	_____ .0%	_____ .0%
American Funds - Bond Fund ⁽²⁾ (904)	_____ .0%	_____ .0%	TA AEGON Money Market (829)	_____ .0%	_____ .0%
TA AEGON Tactical Vanguard ETF - Conservative (784)	_____ .0%	_____ .0%	TA AEGON U.S. Government Securities (828)	_____ .0%	_____ .0%
TA AllianceBernstein Dynamic Allocation (825) *	_____ .0%	_____ .0%	TA Asset Allocation - Conservative (801)	_____ .0%	_____ .0%
TA JPMorgan Core Bond (839)	_____ .0%	_____ .0%	TA JPMorgan Tactical Allocation (840)	_____ .0%	_____ .0%
TA PIMCO Real Return TIPS (785)	_____ .0%	_____ .0%	TA PIMCO Total Return (823)	_____ .0%	_____ .0%
TA Vanguard ETF Index - Conservative (779)	_____ .0%	_____ .0%			

Additional investment allocations are continued on the next page.

⁽¹⁾ The Guaranteed Period Options may not be available in all states or with all products. Premium limits may apply.

⁽²⁾ Allocations are not available in Oregon.

8C. INVESTMENT SELECTION - INVESTMENT ALLOCATIONS (continued)

For all options listed in this Section, the Initial Allocation Percentage column (Initial %) and DCA (if applicable) Allocation Percentage column (DCA %) must each total 100%. All allocations must be entered in whole percentages.

Initial % DCA %
(Required) (Optional)

Initial % DCA %
(Required) (Optional)

Non-Designated (Open) - Allocations within this group are NOT permitted if either the Retirement Income Choice® Rider Designated Allocation Option, the Retirement Income BuilderSM Rider, the Retirement Income MaxSM Rider or the Income Link® Rider is elected in Section 7C.

AllianceBernstein Balanced Wealth Strategy Portfolio ⁽¹⁾ (901)	____.0%	____.0%	AllianceBernstein Growth and Income Portfolio (756)	____.0%	____.0%
American Funds - Asset Allocation Fund ⁽¹⁾ (903)	____.0%	____.0%	American Funds - Growth Fund ⁽¹⁾ (905)	____.0%	____.0%
American Funds - Growth - Income Fund ⁽¹⁾ (906)	____.0%	____.0%	American Funds - International Fund ⁽¹⁾ (907)	____.0%	____.0%
Fidelity VIP Balanced Portfolio (858)	____.0%	____.0%	Fidelity VIP Contrafund® Portfolio (287)	____.0%	____.0%
Fidelity VIP Mid Cap Portfolio (289)	____.0%	____.0%	Fidelity VIP Value Strategies Portfolio (539)	____.0%	____.0%
GEI Total Return Fund ⁽¹⁾ (908)	____.0%	____.0%	TA AEGON High Yield Bond (820)	____.0%	____.0%
TA Asset Allocation - Growth (800)	____.0%	____.0%	TA BlackRock Global Allocation ⁽¹⁾ (902)	____.0%	____.0%
TA BlackRock Large Cap Value (822)	____.0%	____.0%	TA Clarion Global Real Estate Securities (812)	____.0%	____.0%
TA Efficient Markets (Investing in Vanguard® ETFs and Dimensional Fund Advisors Mutual Funds) (861)	____.0%	____.0%	TA Hanlon Balanced (777)	____.0%	____.0%
TA Hanlon Growth (775)	____.0%	____.0%	TA Hanlon Growth and Income (776)	____.0%	____.0%
TA Hanlon Income (778)	____.0%	____.0%	TA JPMorgan Enhanced Index (819)	____.0%	____.0%
TA JPMorgan Mid Cap Value (781)	____.0%	____.0%	TA Jennison Growth (818)	____.0%	____.0%
TA MFS International Equity (806)	____.0%	____.0%	TA Morgan Stanley Active International Allocation (833)	____.0%	____.0%
TA Morgan Stanley Capital Growth (824)	____.0%	____.0%	TA Morgan Stanley Mid-Cap Growth (835)	____.0%	____.0%
TA Multi-Managed Balanced (816)	____.0%	____.0%	TA Multi Managed Large Cap Core (834)	____.0%	____.0%
TA Systematic Small/Mid Cap Value (854)	____.0%	____.0%	TA T. Rowe Price Small Cap (832)	____.0%	____.0%
TA Vanguard ETF Index - Aggressive Growth (780)	____.0%	____.0%	TA WMC Diversified Growth (826)	____.0%	____.0%

⁽¹⁾ Allocations are not available in Oregon.

9A. OWNER ACKNOWLEDGEMENTS - DISCLOSURES

- Unless I have notified Transamerica Life Insurance Company of a community or marital property interest in this contract, Transamerica Life Insurance Company will rely on good faith belief that no such interest exists and will assume no responsibility for inquiry.
- To the best of my knowledge and belief, all of my statements and answers on this application are correct and true.
- This application is subject to acceptance by Transamerica Life Insurance Company. If this application is rejected for any reason, Transamerica Life Insurance Company will be liable only for return of purchase payment paid.
- I understand that federal law requires all financial institutions to obtain customer information, including the name, residential address, date of birth, Social Security Number or Tax Identification Number and any other information necessary to sufficiently identify each customer.
- When funds are allocated to the Fixed Accounts in Section 8, policy values may increase or decrease in accordance with an Excess Interest Adjustment prior to the end of the Guaranteed Period.
- All statements in this application made by or under the authority of the applicant are representations and not warranties.

9B. OWNER ACKNOWLEDGEMENTS - ELECTRONIC DOCUMENT DELIVERY

Skip to Section 9C if you are not initiating the process of Electronic Document Delivery.

By providing an email address in this section, I consent to initiate the process of receiving electronic documents and notices applicable to the Eligible Policy/Policies accessed through the Company website. These include, but are not limited to, prospectuses, prospectus supplements, annual and semiannual reports, quarterly statements and immediate confirmations, privacy notices and other notices and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I consent to receive in electronic format any documents added in the future.

Please call (800) 525-6205 or visit the Company website if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your email address.

Email Address: _____

Electronic Delivery Document notifications will be provided to only one email address. Any email provided above will override any existing email address, if applicable.

9C. OWNER ACKNOWLEDGEMENTS - NORTH CAROLINA APPLICANTS ONLY

All questions in this section must be answered if the issue state is North Carolina.

- ☐ No ☐ Yes Do you believe the selected policy will meet your retirement needs and financial objectives?
- ☐ No ☐ Yes Are your other investments and savings adequate to meet planned expenses and possible financial emergencies without need to liquidate this product and possibly incur a penalty?
- ☐ No ☐ Yes Do you believe that the selected policy is appropriate for your tax status and meets your tax objectives?
- ☐ No ☐ Yes Do you understand that you bear the entire investment risk for all amounts you put in the separate account?

9D. OWNER ACKNOWLEDGEMENTS - TELEPHONE/ELECTRONIC AUTHORIZATION

As the Owner, you will receive this privilege automatically. If a policy has Joint Owners, each Owner may individually make telephone and/or electronic requests. If no option is selected, the authorization will default to Owner only.

- ☐ Yes By checking "Yes," I am authorizing and directing Transamerica Life Insurance Company to act on telephone or electronic instructions from my insurance producer of record, servicing representative(s) or their support staff. This may include fund transfers, allocation changes and any other changes approved by Transamerica Life Insurance Company. Transamerica Life Insurance Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Transamerica Life Insurance Company and its affiliates and their directors, officers, employees, representatives and/or insurance producers will be held harmless for any claim, liability, loss or cost.
- ☐ No By checking "No", I am not authorizing and directing Transamerica Life Insurance Company to act on telephone or electronic instructions from my insurance producer of record, servicing representative(s) or their support staff.

10. OWNER & REPRESENTATIVE/INSURANCE PRODUCER - REPLACEMENT INFORMATION

Both the Owner Response and the Representative/Insurance Producer Response columns must be completed.

Replacement Questions	Owner Response	Representative/Insurance Producer Response
Did the representative/insurance producer present and leave only insurer-approved sales material with the Owner?	Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the Owner have any existing life insurance policies or annuity contracts?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Will this annuity replace or change any existing life insurance policies or annuity contracts? If yes - Company: _____ Policy #: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

11. FRAUD & DISCLOSURE STATEMENTS

For Applicants in CO - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For Applicants in DC - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Applicants in FL - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Applicants in LA, ME, NM, OK, RI, TN, WV - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

11. FRAUD & DISCLOSURE STATEMENTS (continued)

For Applicants in OR - Any person who knowingly presents a material false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

For Applicants in PA - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Applicants in WA - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Under the Washington Uniform Transfers to Minors Act, extending custodianship to age twenty-five may cause you to lose your annual exclusion from Federal Gift Tax. We recommend you seek the advice of your tax counsel prior to making this election.

For Applicants in all other states - Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

12. OWNER & ANNUITANT SIGNATURES

☐ Please check here if you want to be sent a copy of "Statement of Additional Information."

Account values when allocated to any of the options in Section 8 are not guaranteed as to fixed dollar amount and will increase or decrease with investment experience.

Signed at: _____
City State

Date: _____ Linking Number: _____

☒ Owner(s) Signature: X

☒ Joint Owner(s) Signature: X

☒ Annuitant Signature (if not Owner): X

13. REPRESENTATIVE/INSURANCE PRODUCER ACKNOWLEDGEMENTS & SIGNATURES

REMINDER - Please verify a product has been selected in Section 1.

I certify that I have truly and accurately recorded on the application the information that was provided to me by the applicant.

If this is a replacement transaction, I confirm that I have reviewed Transamerica Life Insurance Company's written standard regarding the acceptability of replacements and that it meets the Company's standard.

Primary Registered Representative/Licensed Insurance Producer

Print Full Name: _____

Representative/Insurance Producer ID Number: _____

Email Address (Optional): _____ Phone Number: _____

Firm Name: _____

Firm Address: _____

Florida Agent License Number (Applicable only on policies sold in Florida): _____

Commission Split: ⁽¹⁾ _____ %

Signature: X _____

For Representative/Insurance Producer Use Only - Contact your home office for program information.

Commission options below are based on the product and rider(s) selected and may not be available in all states.

(Once selected, program cannot be changed)

Additional Registered Representative(s)/Licensed Insurance Producer(s)

The following Servicing Registered Representative(s)/Insurance Producer(s) must also meet all licensing, appointment and training required to solicit this policy. As a Servicing Registered Representative/Insurance Producer the individual(s) listed below will have the same independent rights to access policy information and submit instructions as are granted to the Primary Registered Representative/Licensed Insurance Producer of Record.

Print Full Name: _____

Representative/Insurance Producer ID Number: _____ Commission Split: ⁽¹⁾ _____ %

Florida Agent License Number (Applicable only on policies sold in Florida): _____

Print Full Name: _____

Representative/Insurance Producer ID Number: _____ Commission Split: ⁽¹⁾ _____ %

Florida Agent License Number (Applicable only on policies sold in Florida): _____

Print Full Name: _____

Representative/Insurance Producer ID Number: _____ Commission Split: ⁽¹⁾ _____ %

Florida Agent License Number (Applicable only on policies sold in Florida): _____

⁽¹⁾ **Must be in whole percentages. Total Commission Split in Section 13 must equal 100 %.**

<i>SERFF Tracking Number:</i>	<i>AEGA-128339223</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>VA-APP 07/12 (B)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>VA-APP 07/12 (B)</i>		
<i>Project Name/Number:</i>	<i>Variable Annuity Application/VA-APP 07/12 (B)</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:

Satisfied - Item: Flesch Certification

Comments:

This application is used with variable annuities which are SEC registered products. Therefore, a Flesch Readability Certification has not been enclosed as a flesch reading ease score is not required.

Attachment:

Arkansas Reg 19 cert of comp.pdf

	Item Status:	Status
		Date:

Bypassed - Item: Application

Bypass Reason: The application being submitted for approval is attached to the Form Schedule tab.

Comments:

	Item Status:	Status
		Date:

Bypassed - Item: Life & Annuity - Acturial Memo

Bypass Reason: n/a

Comments:

	Item Status:	Status
		Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability - B.pdf

CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Title(s): Variable Annuity Application

Form Number(s): VA-APP 07/12 (B)

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg.19 s 10B, as well as the other laws and regulations of the State of Arkansas.



Wade A. Wenger
Assistant Vice President – Compliance Officer

05/08/2012

Date

Annuity Application Statement of Variability

VA-APP 07/12 (B)

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. These changes include any changes to ensure this form remains compliant with state and federal laws, regulations and requirements as well as the items specifically detailed below. We have bracketed the sections for the following reasons:

Address/Telephone/Website: To allow for administrative flexibility. Should the location, telephone number, website or other annuity contact information change, this information will be updated accordingly.

Section 1. PRODUCT INFORMATION

Product Name (Marketing Name): To allow for future changes in the marketing name for the annuity.

Section 7A. ELECTIONS – GUARANTEED MINIMUM DEATH BENEFITS

The ability to offer different Guaranteed Minimum Death Benefits. The current options may be removed and added, but newly approved options will never be added.

Section 7B. ELECTIONS – ADDITIONAL DEATH BENEFIT RIDER(S)

The ability to change and/or make available different types of Additional Death Benefit riders. The current options may be removed and added, but newly approved options will never be added.

Section 7C. ELECTIONS – LIVING/WITHDRAWAL BENEFIT RIDER(S)

The ability to change and/or make available different types of Living/Withdrawal Benefit riders. The current options may be removed and added, but newly approved options will never be added.

Section 7D. ELECTIONS – OTHER AVAILABLE RIDER(S)

The ability to change and/or make available different types of optional riders. The current options may be removed and added, but newly approved options will never be added.

Section 8A. INVESTMENT SELECTION – DOLLAR COST AVERAGING (DCA) PROGRAM

To allow for flexibility to make changes to the DCA accounts. We would also like the ability to revise the sentence at the bottom of this section if the Retirement Income Choice[®], Retirement Income BuilderSM, Retirement Income MaxSM or the Income Link[®] Riders are no longer being offered.

Section 8C. INVESTMENT SELECTION – INVESTMENT ALLOCATIONS

To allow for flexibility to make changes to the Investment Allocations being offered. The Investment Allocations will vary dependent on the riders being offered in Section 7.C. Elections - Living/Withdrawal Benefit Rider(s). We would also like the ability to revise the sentence at the top of each Investment Group if the Retirement Income Choice[®], Retirement Income BuilderSM, Retirement Income MaxSM or the Income Link[®] Riders are no longer being offered.

Section 9B. OWNER ACKNOWLEDGEMENTS – ELECTRONIC DOCUMENT DELIVERY

To allow for administrative flexibility. Should the telephone number information change, this information will be updated accordingly.

Section 11. FRAUD AND DISCLOSURE STATEMENTS

The ability to add or remove states due to future state requirements.